STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15)

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PLEASE PRINT

APR 2 4 2019

1. Name of Lobbyist(s) Stary Ober DEPARTMENT OF STATE
II. Name of lobbyist's partnership, firm or corporation, if any:
American Kerrel Club (Name of partnership, firm or corporation)
8057 ARCO Corporate DR Rafeigh NC 27617 Business Address: (Street) (Town/City) (State) (Zip Code)
(919 816 - 3348 () e-mail Stacey, Ober Cake. of
III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client).
All reportable transactions occurring in the months prior to the reporting date relative to the following client:
(Full Name of Client as it appears on the Lobbyist Registration Form)
(Full Name of Client as it appears on the Lobbyist Registration Form) OR
All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.
IV. Date of Report April 24, 2019 July 31, 2019 C Reports cover: activity from date of registration to 3/31/19 activity from 4/1/19 to 6/30/19
October 30, 2019
V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301.
VI. Check if additional reports are attached:
If you have received fees or made expenditures, you must file Addendum A- Fees and Expenses
If you have paid an honorarium or reimbursed expenses, you must file Addendum B– Report of Honorariums or Expense Reimbursement
If you, your firm, or your family has made political contributions, you must file Addendum C- Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
(Signature of lobb) ist) 4/24/19 (Date)
(Signature of löbb) ist) (Date) (Print Name of lobbyist)

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any:	
Angel parposition from or correction	
III. Name of Client Amica Keynel C	Lbgic 4/24/10
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	at relations, or public relations service
a) Total of all fees received in this reporting period	a) S 3, 333. 33
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$
c) Total of all fees received to date (Add lines a and b)	o)s 3, 3?3 3 ?3
 d) Indicate the amount of any such fees that are due, but have not yet been paid 	d) S
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for examp lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made be may be filed for the lobbyist(s)/firm e aggregate total of all expenses paixpenses; (b) the aggregate total of a le: meals purchased during a business than \$10 that is given to the person of with a value of \$25.00 or less); an orting period of greater than \$25.00 four of greater than \$25, purchase of er than \$25, but not greater than \$50, expense reimbursement, or politicing
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$
b) Total aggregate of expenditures during this reporting period, not reported n a), of \$25 or less.	b)\$
Total of all itemized expenditures reported in detail in section VI	2(0

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
•	_
c) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	0.8
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	s
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	that the foregoing information
(Signature of loboyist)	(Date) 4/19
Stan Obse	
(Print Name of lobbyist)	



STATE OF NEW HAMPSHIRE

Lobbyists Report of Honorariums or Expense Reimbursement
Addendum B
(RSA Chapter 15:6)

P I. Name of Lobbyist(s) Stace Osca
II. Name of lobbyist's partnership, firm or corporation, if any:
American Kennel Club
III. Name of Client Andrew Keywel Clistonate 4/24/19
State the full name of the person receiving the honorarium or expense reimbursement:
Last Name Stock A First Name Middle Name/Initial
What is the value of the honorarium or expense reimbursement? \$ 330.02
Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s) of the event).
Mileage Keinbursene Top travel to Concord
(If there is more than one honorarium or expense reimbursement use a separate addendum B form for each.)
Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
(Signature of lobby(st)) (Signature of lobby(st)) (Date)
(Print Name of lobbyis)



STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

I. Name of Lobbyist(s)	Stace	Ster	
II. Name of lobbyist's par	tnership, firm or co	orporation, if any:	
American Name of parts	Kurel	Chis	
III. Name of Client	-1'Con	Kervel Ch	6 Date 4/24/19
Political Contributions			17 -7
For each political contribut client/lobbyist and lobbying	ion that is reportable firm, indicate the	e pursuant to RSA Chap	pter 664 paid on behalf of the
Full name of candidate:	Guid-	Rahet	
_	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	150	Office Candidate	is Seeking Sant
If the contribution is an in-kin actual cost of the in-kind contr enter an estimated value and t	ribution on the line ab	e a description of the goo ove for amount of contrib	ds or services provided, and enter the ution. If the actual cost is not known,
Full name of candidate:			
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$		Office Candidate is	s Seeking
If the contribution is an in-kind actual cost of the in-kind contr enter an estimated value and th	ribution on the line abo	e a description of the good ove for amount of contrib	ds or services provided, and enter the ution. If the actual cost is not known,
-			
Full name of candidate:			
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)

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(If more than thre	ee contributions were made, report add	ditional contributions on separ	ate addendum C forms.)
Sworn Staten	nent/Affirmation by Lobbyist	t	•
I have read RS is true and cor	SA 15, RSA 15-B and RSA 664 inplete to the best of my knowle	4 and hereby swear or af	firm that the foregoing information
0-			